

VOLUNTEER APPLICATION FORM

Adventist Credit Union
 c/o Hyland House School
 Holcombe Road
 Tottenham
 London N17 9AD

Tel: 07930 854730
 Email: info@adventistcreditunion.co.uk
 Website: www.adventistcreditunion.co.uk



Surname	Forename	Title
Previous surname		Date of birth: / /
Address		
Postcode		
E-mail:		
Telephone:		Mobile:
Occupation (or previous if not employed)		
Identification details (if not a member)		
Do you have a disability or significant illness?		YES / NO
If YES please specify.....		
.....		
Do you have a prosecution pending or has any Court found you guilty of an offence? i.e. convictions, cautions, orders etc – including spent convictions		YES / NO
If YES please specify		
.....		

Please give Name & Address details of two referees who have known you for at least two years

Signed:	Date:
Confidentiality form signed	Date:

Please note that to comply with the Data Protection Act we must inform you that this information will be kept on a database. The records are totally confidential and only staff and approved officers of the credit union will have access to this information.

These details can be filled in at interview

What skills and attributes can you bring to the Credit Union?

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What reasons can you give for volunteering?

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What times and days are you available for volunteering?

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For office use only

Request letter sent for references

Date sent:Date received: 1.....2.....

Directors' approvalDate

